



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER - Governor
RICHARD M. ARMSTRONG - Director

TAMARA PRISOCK - ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

August 12, 2015

Anna Capell, Administrator
The Bridge at Post Falls
515 North Garden Plaza Court
Post Falls, ID 83854

License #: 13R976

Dear Ms. Capell:

On July 22, 2015, a Fire Life Safety Survey was conducted at The Bridge at Post Falls. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Sam Burbank, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

SAM BURBANK
Health Facility Surveyor
Facility Fire Safety & Construction Program

SB/lj



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BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
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PHONE 208-334-6626
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August 3, 2015

Anna Capell, Administrator
The Bridge at Post Falls
515 North Garden Plaza Court
Post Falls, ID 83854

Dear Ms. Capell:

On July 22, 2015, a Fire Life Safety Survey was conducted at The Bridge at Post Falls. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

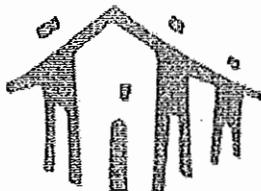
Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by August 21, 2015.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK P. GRIMES, Supervisor
Facility Fire Safety & Construction Program

MPG/lj
Enclosure



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C.L. "BUTCH" OTTER – GOVERNOR
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TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
JAMIE SIMPSON – PROGRAM SUPERVISOR
RESIDENTIAL ASSISTED LIVING FACILITIES PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
Email: raff@dhw.idaho.gov
PHONE (208) 364-1962
FAX (208) 364-1888

Punch Items

Survey Date: 07/22/2015

16.03.22.415.05. Automatic Fire Extinguishing System Service and Testing.

All automatic fire extinguishing systems must be inspected, tested, and serviced at least annually by a sprinkler system contractor licensed by the Idaho State Fire Marshal's office.

Loaded sprinkler heads - (4) in Kitchen loaded with grease; (1) in 100 wing aide station loaded with lint

16.03.22.410.02. Fire Drills.

All personnel and residents must participate in a minimum of one (1) fire drill per shift per quarter. Fire drills must be unannounced.

Missing fire drill for Noc shift, 4th quarter of 2014

